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REHABILITATION

A. On a separate sheet describe your rehabilitation program and activities in detail.

B. Thrift shop, workshop, manufacturing, or similar activities.

Number of hours per week the store or other facility is operated: _____

Total number of persons employed on the premises on January 1:

- | | |
|---|--|
| 1. Persons being rehabilitated
a. Full-time _____
b. Part-time _____
c. Length of employment of persons being rehabilitated:
Number of persons, less than six months _____
Number of persons, 6 months–1 year _____
Number of persons, 1 year–2 years _____
Number of persons, longer than 2 years _____
<i>(list by number of years)</i> | 2. Staff and/or others
a. Full-time _____
b. Part-time _____ |
|---|--|

C. Total number employed off the premises, but in the operations of the store or other facility as of January 1:

- | | |
|---|--|
| 1. Persons being rehabilitated
a. Full-time _____
b. Part-time _____
c. Length of employment of persons being rehabilitated:
Number of persons, less than six months _____
Number of persons, 6 months–1 year _____
Number of persons, 1 year–2 years _____
Number of persons, longer than 2 years _____
<i>(list by number of years)</i> | 2. Staff and/or others
a. Full-time _____
b. Part-time _____ |
|---|--|

D. Total number of hours worked during the time period included in the financial statements that accompany the claim:

- | | |
|--|--|
| 1. Persons being rehabilitated
a. Number of hours worked _____
b. Number of persons involved _____ | 2. Staff and/or others
a. Number of hours worked _____
b. Number of persons involved _____ |
|--|--|

E. Salaries and wages paid during the time period included in the financial statements that accompany the claim:

- | | |
|--|--|
| 1. Persons being rehabilitated
a. Salaries and wages _____
b. Number of persons involved _____ | 2. Staff and/or others
a. Salaries and wages _____
b. Number of persons involved _____ |
|--|--|

F. Does a person, management firm, or entity other than the organization filing this claim operate the store or facility? ☐ Yes ☐ No

If **yes**, please provide the operator's name and mailing address: _____

Amount of salary or fee (*attach a copy of the contract or other document that indicates the basis for the salary or fee*): \$ _____

G. Is housing for persons being rehabilitated and/or living quarters for staff provided? .. ☐ Yes ☐ No

If **yes**, explain the necessity and complete the section titled Housing–Living Quarters.

HOUSING-LIVING QUARTERS*(This section is to be completed if one or more persons lives on the premises.)***A. Total number of persons who were housed on the premises the last night in December***(Include persons who may be temporarily away):*

1. Number of persons being rehabilitated _____
2. Number of unoccupied beds available for persons to be rehabilitated _____
3. Number of staff members necessary to care for those persons being rehabilitated *(attach a list which describes the job performed and the number of persons involved)* _____
4. Number of other staff members _____
5. Number of other persons who are not directly connected with the rehabilitation program _____

B. Length of stay of persons being rehabilitated who were housed on the premises the last night in December:

1. Number of persons
 - less than six months _____
 - 6 months–1 year _____
 - 1 year–2 years _____
 - 2 years or longer *(list by number of years)* _____
2. **Total** *(This figure **must** agree with the total given above for persons being rehabilitated):* ... _____

C. Do persons being rehabilitated pay, donate, or perform fund producing work for their room and/or board?☐ Yes ☐ NoIf **yes**, indicate which and explain in sufficient detail to determine the monthly fee per person.

D. Do staff members who care for those being rehabilitated pay, donate, or perform work for their room and/or board (in lieu of, or from their salary)?☐ Yes ☐ NoIf **yes**, indicate which and explain in sufficient detail to determine the monthly fee per person.

E. Do other staff members pay, donate, or perform work for their room and/or board (in lieu of, or from their salary)?☐ Yes ☐ NoIf **yes**, indicate which and explain in sufficient detail to determine the monthly fee per person.

F. Do the other persons not directly connected with the rehabilitation program pay, donate, or perform work for their room and/or board?☐ Yes ☐ NoIf **yes**, indicate which and explain in sufficient detail to determine the monthly fee per person.
